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Image# 201601159004509358

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	_	ithorized Com	_	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, ty er the lines.	pe 12FE4M5	
LaPolice for Kansans					
ADDRESS (number and street)	734 Lincoln St.				
Check if different than previously reported. (ACC)	Clyde			KS 6693	8
2. FEC IDENTIFICATION I	NUMBER ▼	CITY		STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00552810		3. IS THIS REPORT	X NEW (N) O	R AMENDED (A)	KS 01
4. TYPE OF REPORT (C) (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quart X January 31 Year-B	Report (Q1) Report (Q2) erly Report (Q3) End Report (YE)	Election on	T -Election Report to General (30G)	General (12G) Special (12S)	in the State of Special (30S) in the State of
5. Covering Period	10 / 01 /	2015	through	12 / D D / Y	2015
I certify that I have examined Type or Print Name of Treasur			owledge and belie	f it is true, correct and cor	mplete.
Signature of Treasurer Be	cky LaPolice Murphy		[Electronically Filed]	_	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro Office Use Only	neous, or incomplete	e information may	subject the person s	F	FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 19

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name LaPolice for Kansans

				/ Y Y Y Y		M M	/ D D	/ Y Y Y Y Y 2015
Report Covering the Period:	From:	10	01	2015	To:	12	31	2015

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	375.00	14875.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	2600.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	375.00	12275.00
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	3135.93	8631.24
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	119.88
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3135.93	8511.36
	Cash on Hand at Close of Reporting Period (from Line 27)	10408.51	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1163.51	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts PAGE 3 / 19

Write or Type Committee Name

FEC Form 3 (Revised 12/2003)

LaPolice for Kansans

Report Covering the Period: From: 10 01 2015 To: 12 31 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CC	NTRIBUTIONS (other than loans) FROM:		
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	14025.00
	(ii) Unitemized(iii) TOTAL of contributions	375.00	850.00
	from individuals	375.00	14875.00
(b)	Political Party Committees Other Political Committees	0.00	0.00
(C)	(such as PACs)	0.00	0.00
(d) (e)	The Candidate TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	375.00	14875.00
	ANSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.00
3. LO			
(a)	Made or Guaranteed by the Candidate	0.00	0.00
(b)	All Other Loans	0.00	0.00
(c)	TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
	FSETS TO OPERATING PENDITURES		
	efunds, Rebates, etc.)	0.00	119.88
	HER RECEIPTS vidends, Interest, etc.)	0.00	0.00
11(TAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)	375.00	14994.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	3135.93	8631.24
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	2600.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	2600.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	3135.93	11231.24
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	13169.44
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	375.00
25.	SUBTOTAL (add Line 23 and Line 24)		13544.44
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	3135.93
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		10408.51

30	CHEDULE B (FEC Form 3)			FOR LINE NUMBER: PAGE 5 OF 19 (check only one)
T	EMIZED DISBURSEMENTS	for each category Detailed Summar	of the	X 17
	ly information copied from such Reports and Statements man for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) LaPolice for Kansans			
	Full Name (Last, First, Middle Initial)			
٩.	English Blackwell, Inc.			Date of Disbursement
	Mailing Address 17730 Telegraph Creek Dr.			11 06 2015
	City State	Zip Code		Amount of Each Disbursement this Period
	Spring TX Purpose of Disbursement	77379		270.00
	Graphic design		004	Transaction ID : SB17.5592
	Candidate Name LaPolice for Kansans		Category/ Type	Transaction is 1 65 m.sss2
	Office Sought: X House Disbursement For	: 2016	турс	
	Senate Primary	General		
	President Other (s	specify)		
	Full Name (Last, First, Middle Initial)			
3.	Facebook, Inc.			Date of Disbursement
	Mailing Address 1601 Willow Rd.			11 02 / Y Y Y Y Y
	City State	Zip Code		
	Menlo Park CA	94025		Amount of Each Disbursement this Period
	Purpose of Disbursement internet marketing		004	324.36 Transaction ID : SB17.5586
	Candidate Name LaPolice for Kansans		Category/ Type	Transaction ib . 3517.3300
	Office Sought:			
	Senate Primary Other (s			
	State: KS District: 01	pecity)		
	Full Name (Last, First, Middle Initial)			
Э.	Facebook, Inc.			Date of Disbursement
	Mailing Address 1601 Willow Rd.			12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zi	p Code		Amount of Each Disbursement this Period
		4025		205.00
	Purpose of Disbursement internet marketing		004	295.32
	Candidate Name LaPolice for Kansans		Category/	Transaction ID : SB17.5602
	Office Sought:	: 2016	Туре	
	Senate Primary	General		
	President Other (s State: KS District: 01	specify)		
	L .			889.68
S	UBTOTAL of Disbursements This Page (optional)			

TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS

PAGE 6 19 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X 17 19b 18 19a Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) LaPolice for Kansans Full Name (Last, First, Middle Initial) Date of Disbursement GoDaddy.com 2015 Mailing Address 14455 N. Hayden Rd. 11 09 City State Zip Code Amount of Each Disbursement this Period ΑZ Scottsdale 85260 Purpose of Disbursement 71.88 website hosting 001 Transaction ID: SB17.5588 Candidate Name Category/ LaPolice for Kansans Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President KS State: District: Full Name (Last, First, Middle Initial) GoDaddy.com Date of Disbursement Mailing Address 14455 N. Hayden Rd. 09 2015 11 City State Zip Code Amount of Each Disbursement this Period ΑZ 85260 Scottsdale 184.87 Purpose of Disbursement website hosting 001 Transaction ID: SB17.5590 Candidate Name Category/ LaPolice for Kansans Type Office Sought: Disbursement For: House 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Piryx, Inc. Mailing Address 144 2nd St. 10 06 2015 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94105 Purpose of Disbursement 100.44 transaction fee Transaction ID : SB17.5619 Candidate Name Category/ LaPolice for Kansans Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) KS State: District: 01 357.19 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 19 (check only one) X 17			
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and					
NAME OF COMMITTEE (In Full) LaPolice for Kansans					
Full Name (Last, First, Middle Initial) Short Stop Mailing Address 1005 Lincoln St		Date of Disbursement 10 02 2015			
Mailing Address 1095 Lincoln St. City State Concordia KS	Zip Code 66901	Amount of Each Disbursement this Period			
Purpose of Disbursement fuel	00	2 Transaction ID : SB17.5578			
LaPolice for Kansans Office Sought: House Senate Disbursement F Primal	Office Sought: House Disbursement For: 2016				
Full Name (Last, First, Middle Initial) Short Stop Mailing Address 1095 Lincoln St.		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City State Concordia KS	Zip Code 66901	Amount of Each Disbursement this Period			
Purpose of Disbursement fuel Candidate Name LaPolice for Kansans Office Sought: House Senate Disbursement F.	OC Categ Typ	gory/ Transaction ID : SB17.5587			
Full Name (Last, First, Middle Initial)		Date of Disbursement			
Mailing Address 1095 Lincoln St.		M M / D D / Y Y Y Y 1 Y 1 1 16 2015			
Concordia KS Purpose of Disbursement fuel Candidate Name LaPolice for Kansans Office Sought: House Disbursement F. Senate Primar		Transaction ID : SB17.5594			
SUBTOTAL of Disbursements This Page (optional)		185.05			

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 19 (check only one) X 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) LaPolice for Kansans		
Full Name (Last, First, Middle Initial) A. U.S. Cellular Mailing Address Dept. 0205		Date of Disbursement 10 01 2015
City State Palatine IL	Zip Code 60055	Amount of Each Disbursement this Period
Purpose of Disbursement cell phone service Candidate Name	001	317.59 Transaction ID : SB17.5584
LaPolice for Kansans Office Sought: House Senate President State: KS District: 01 Disbursement For Primary Other (s	General	//
Full Name (Last, First, Middle Initial) U.S. Cellular Mailing Address Dept. 0205		Date of Disbursement M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City State Palatine IL Purpose of Disbursement cell phone service	Zip Code 60055	Amount of Each Disbursement this Period 317.59
Candidate Name LaPolice for Kansans	001 Category Type	Transaction ID : SB17.5585
Office Sought: Senate Disbursement For	General	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Disbursement
	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	<i>'</i>
Office Sought: House Disbursement For	General	
SUBTOTAL of Disbursements This Page (optional)		635.18

TOTAL This Period (last page this line number only).....

2067.10

Excluding Loans

(Use separate			
schedule(s)			
for each			
numbered line)			

PAGE 9
FOR LINE NUMBER: (check only one)

9 X 10

19

OF

NAME OF COMMITTEE (In Full) _aPolice for Kansans A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): AmEx (Tesoro - gas fundraiser) Alan LaPolice Mailing Address 734 Lincoln City Zip Code Clyde KS 66938 Transaction ID: SD10.4711 Outstanding Balance Beginning This Period 73.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 73.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): AmEx (Greyhound - fundraiser transportation) Alan LaPolice Mailing Address 734 Lincoln Zip Code State Clyde KS 66938 Outstanding Balance Beginning This Period Transaction ID: SD10.4712 16.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 16.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): AmEx (fundraiser - transportation/parking) Alan LaPolice Mailing Address 734 Lincoln City State Zip Code KS 66938 Clyde Transaction ID: SD10.4713 Outstanding Balance Beginning This Period 41.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.0041.00 130.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 10 OF FOR LINE NUMBER: (check only one)

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	_	- " N	//		A 41 1 11	1 1	$\overline{}$

Lapolice for Kansans		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Alan LaPolice		AmEx (GoDaddy.com - for website domain)
Mailing Address 734 Lincoln		-
City State	Zip Code	_
Clyde	KS 66938	
Outstanding Balance Beginning This Period 14.16		Transaction ID : SD10.4706
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	14.16
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Alan LaPolice		Baggage Fee (fundraiser travel)
Mailing Address 734 Lincoln		-
City State	Zip Code	-
Clyde	KS 66938	
Outstanding Balance Beginning This Period 24.00 Amount Incurred This Period 0.00	Payment This Period	Transaction ID : SD10.4707 Outstanding Balance at Close of This Period 24.00
0.00	7 7	
C. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	or Creditor	Nature of Debt (Purpose): AmEx (Denny's food/beverage fundraiser)
7 dan Edi Glioc		
Mailing Address 734 Lincoln		
City	State Zip Code	
Clyde	KS 66938	
Outstanding Balance Beginning This Period 28.96		Transaction ID: SD10.4708
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	 	, , , , , , , , , , , , , , , , , , ,
0.00	0.00	28.96
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number of		67.12
TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	
ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	

Exc

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

Excluding Loans			tor each nbered line)	(check only one)	X 10
NAME OF COMMITTEE (In Full)		•			<u>'</u>
LaPolice for Kansans			- LN		
A. Full Name (Last, First, Middle Initial) of Debto Alan LaPolice		Nature of Debt (Purpose): AmEx (ITP - office phone			
Mailing Address 734 Lincoln					
City State Clyde	Zip Code KS 669	38			
Outstanding Balance Beginning This Period 26.17			Transacti	on ID : SD10.4709	
Amount Incurred This Period	Payment This	s Period	Outstandi	ng Balance at Close o	f This Period
0.00	, , , ,	0.00		7 7	26.17
B. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	or Creditor			Debt (Purpose): Indraiser fuel)	
Mailing Address 734 Lincoln City State Clyde	Zip Code KS 669	38			
Outstanding Balance Beginning This Period 44.45			Transacti	on ID : SD10.4710	
Amount Incurred This Period	Payment This	s Period	Outstandi	ng Balance at Close o	f This Period
0.00	7 7	0.00		, , , , , , ,	44.45
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Debt (Purpose): ort stop - fuel)	
Mailing Address 734 Lincoln					
City Clyde	State Zip Co KS 66938				
Outstanding Balance Beginning This Period 58.49			Transact	ion ID : SD10.4718	
Amount Incurred This Period	Payment This	s Period	Outstandi	ng Balance at Close o	f This Period
0.00	7	0.00		7 7	58.49
1) SUBTOTALS This Period This Page (optional)		>		7	129.11
2) TOTALS This Period (last page this line number	only)	>		7	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	·····	ļ	7	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page	(last page only)		7	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 12 OF FOR LINE NUMBER: (check only one)

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LaPo	lice	for	Kar	nsans
Lai U		101	i Xai	134113

LaPolice for Kansans		
A. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	or Creditor	Nature of Debt (Purpose): AmEx (O'Reilly's - oil change)
Mailing Address 734 Lincoln		
City State	Zip Code	
Clyde	KS 66938	
Outstanding Balance Beginning This Period 28.11		Transaction ID : SD10.4714
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	28.11
B. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	or Creditor	Nature of Debt (Purpose): AmEx (Amazon - LI Text book)
Mailing Address 734 Lincoln		
City State Clyde	Zip Code KS 66938	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4715
		Transaction is . 05 to.47 13
3.99		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3.99
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Alan LaPolice		AmEx (CVS - toiletries at LI)
Mailing Address 734 Lincoln		
City	State Zip Code	
Clyde	KS 66938	T (1 10 0040 4740
Outstanding Balance Beginning This Period		Transaction ID : SD10.4716
12.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12.00
SUBTOTALS This Period This Page (optional)		44.10
1) SUBTUTALS This Period This Page (optional)		
2) TOTALS This Period (last page this line number of	only)	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 13 OF FOR LINE NUM (check only one

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19

xcluding Loans		Hambered line)	X 10
NAME OF COMMITTEE (In Full)			
LaPolice for Kansans			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpo	•
Alan LaPolice		AmEx (metro card LI)	
Mailing Address 734 Lincoln			
City State	Zip Code		
Clyde	KS 66938		
Outstanding Balance Beginning This Period		Transaction ID : SD	10.4717
10.00			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00		0.00	10.00
7 7 7	7		7
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpo AmEx (ITP- campaign	,
Alan LaPolice		Amex (III - campaigi	ronice priorie)
Mailing Address 734 Lincoln			
City State	Zip Code		
Clyde	KS 66938		
Outstanding Balance Beginning This Period		Transaction ID : SD	10.4719
26.17			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00		0.00	26.17
, , , , , , , , , , , , , , , , , , , ,	2 111	,	,
C. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	r or Creditor	Nature of Debt (Purpo AmEx (O'Reilly - oil	ose): filter)
Alan Larolice			,
Mailing Address 734 Lincoln			
City	State Zip Code		
Clyde	KS 66938		
Outstanding Balance Beginning This Period		Transaction ID : SI	D10.4720
16.21			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	T dyfficht This T chou	0.00	16.21
0.00		0.00	10.21
1) SUBTOTALS This Period This Page (optional)			52.38
2) TOTALS This Period (last page this line number	only)		7
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	>	,
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) ►	7

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF

FOR LINE NUMBER:	9
(check only one)	X 10

19

	Adding Edding		,	X 10		
NA	ME OF COMMITTEE (In Full)					
ı	aPolice for Kansans					
▔		O dita			lature of Debt (Purpose):	
	A. Full Name (Last, First, Middle Initial) of Debtor	r or Greditor			AmEx (short stop - fuel)	
	Alan LaPolice					
H	Mailing Address To III					
	Mailing Address 734 Lincoln					
ł	City State	Zip Code				
	Clyde	KS	66938			
ł					Transaction ID : SD10.4	1700
	Outstanding Balance Beginning This Period				Transaction iD . 3D 10.4	11 22
	50.31					
	Amount Incurred This Device	Do	mont This Davied		Outstanding Dalance at	Class of This Davied
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at	Close of This Period
	0.00			0.00		50.31
		,	,			,
İ	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		N	lature of Debt (Purpose):	
	Alan LaPolice				AmEx (Anchor Inn - Hutcl	hinson May Day
	7 113117 2311 31133				food/beverage)	
Ī	Mailing Address 734 Lincoln					
	City State	Zip Code				
	Clyde	KS	66938			
	Outstanding Balance Beginning This Period				Transaction ID : SD10.4	723
	32.68					
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at	Close of This Period
					, , , , , ,	
	0.00			0.00		32.68
ļ			ŕ			
	C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			lature of Debt (Purpose):	
	Alan LaPolice				AmEx (AutoZone - starte	r campaign truck)
	Mailing Address 734 Lincoln					
ł	City	State	Zip Code			
	Clyde	KS	66938			
ł		110	00930			
	Outstanding Balance Beginning This Period				Transaction ID : SD10.	4721
	85.34					
	9 9 9					
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at	Close of This Period
	0.00			0.00	1	85.34
	9 9	7	7			7
4)	SUBTOTALS This Period This Page (optional)			•		168.33
1)	CODIOIALO IIIIS I EIIOU IIIIS FAGE (OPLIOIIAI)					
2)	TOTALS This Period (last page this line number	only)		•		
-1		O. 11 y /			7	
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page o	nlv)			
<u>-</u> ,	To the state of th	- ilast page t				
4)) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					
,					,	

Excluding Loans

(Use separate		
schedule(s)		
for each		
numbered line)		

PAGE 15 OF FOR LINE NUMBER (check only one)

l:		
		9
	X	10

19

LaPo	lice	for	Kar	nsans
Lai U		101	i Xai	134113

LaPolice for Kansans		
A. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	or Creditor	Nature of Debt (Purpose): AmEx (Casey's - fuel)
Mailing Address 734 Lincoln		
City State Clyde	Zip Code KS 66938	
Outstanding Balance Beginning This Period 56.99		Transaction ID : SD10.4724
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56.99
9 9	7 7	7 7 7
B. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	or Greditor	Nature of Debt (Purpose): AmEx (ITP - campaign phone)
Mailing Address 734 Lincoln		
City State Clyde	Zip Code KS 66938	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4725
26.17 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	26.17
C. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice	r or Creditor	Nature of Debt (Purpose): AmEx (Wood oil - fuel garden city trip)
Mailing Address 734 Lincoln		
City Clyde	State Zip Code KS 66938	
Outstanding Balance Beginning This Period 53.60		Transaction ID : SD10.4726
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	53.60
1) SUBTOTALS This Period This Page (optional)		136.76
2) TOTALS This Period (last page this line number	only)	
3) TOTAL OUTSTANDING LOANS from Schedule 0	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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L	aPolice for Kansans			
	A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): AmEx (KFC - garden city food/beverage)
	Mailing Address 734 Lincoln			
	City State Clyde	Zip Code KS	66938	
	Outstanding Balance Beginning This Period 23.48			Transaction ID : SD10.4727
	Amount Incurred This Period 0.00	Paym	ent This Period	Outstanding Balance at Close of This Period 23.48
	B. Full Name (Last, First, Middle Initial) of Debtor Alan LaPolice Mailing Address 734 Lincoln	r or Creditor		Nature of Debt (Purpose): AmEx (samy's - GC dinner w/John Doll
	City State Clyde	Zip Code KS	66938	
	Outstanding Balance Beginning This Period 27.49 Amount Incurred This Period 0.00	Paym	ent This Period	Outstanding Balance at Close of This Period 27.49
Ī	C. Full Name (Last, First, Middle Initial) of Debto Alan LaPolice	or or Creditor		Nature of Debt (Purpose): AmEx (GC trip fuel)
	Mailing Address 734 Lincoln			
	City Clyde	State KS	Zip Code 66938	
	Outstanding Balance Beginning This Period 50.00			Transaction ID : SD10.4729
	Amount Incurred This Period 0.00	Paym	ent This Period 0.0	Outstanding Balance at Close of This Period 50.00
1)	SUBTOTALS This Period This Page (optional)			▶ 100.97
2)	TOTALS This Period (last page this line number	only)		· · · · · · · · · · · · · · · · · · ·
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>
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Excluding Loans

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ME OF	COMMITTEE (In Full)			
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	Name (Last, First, Middle Initial) of Debto	r or Creditor	AmEx (for	Debt (Purpose):
Alar	n LaPolice		/ WILX (N	40.7
Mailing	Address 734 Lincoln			
ivialilig	Address 734 Lincoln			
City	State	Zip Code		
Clyde		KS 66938		
Outet	anding Balance Beginning This Period		Transac	tion ID : SD10.4730
Outst				
	43.78			
	Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
	0.00	· · · · · · · · · · · · · · · · · · ·		
	0.00		0.00	43.78
D E " .	New Ast First Mills Living (5.1)	O !!!	1.1.	Dalat (Damasa)
	Name (Last, First, Middle Initial) of Debtor	or Creditor		Debt (Purpose): vood oil - fuel)
Alar	n LaPolice		/ unex (w	vood on Tuely
Mailing	Address 734 Lincoln			
iviaiiiig	734 Lincoln			
City	State	Zip Code		
Clyde		KS 66938		
Outet	randing Palance Posinning This Poriod		Transac	tion ID : SD10.4731
Outsi	anding Balance Beginning This Period		ITALISAC	
Ι.	54.33			
	Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
	0.00		0.00	54.33
	Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of WF - fuel	Debt (Purpose):
Bec	cky LaPolice Murphy		vvi - ide	ı
Mailing	Address 736 Broadway St			
ivialility	736 Broadway St.			
City		State Zip Code		
Clyde		KS 66938		
	anding Polones Posinning This Devied		Transa	ction ID : SD10.4955
Outst	anding Balance Beginning This Period		Transa	CHOIL ID . OD 10.4333
	49.27			
	Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
		r dyment mile i ened		
	0.00		0.00	49.27
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SUBTO	OTALS This Period This Page (optional)		▶	147.38
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TOTAL	.S This Period (last page this line number	only)		-,,
TOTAL	OUTSTANDING LOANS from Schedule	C (last page only)	🟲 🗀	

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Excluding Loans

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LaPolice for Kansans		
A. Full Name (Last, First, Middle Initial) of Debt Becky LaPolice Murphy	or or Creditor	Nature of Debt (Purpose): WF - fuel
Mailing Address 736 Broadway St.		
City State Clyde	Zip Code KS 66938	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4954
66.44		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	66.44
B. Full Name (Last, First, Middle Initial) of Debto Becky LaPolice Murphy	or or Creditor	Nature of Debt (Purpose): WF - media subscription
Mailing Address 736 Broadway St.		
City State Clyde	Zip Code KS 66938	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4956
2.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2.00
C. Full Name (Last, First, Middle Initial) of Debi	tor or Creditor	Nature of Debt (Purpose): WF - fuel
Mailing Address 736 Broadway St.		
City Clyde	State Zip Code KS 66938	
Outstanding Balance Beginning This Period		Transaction ID : SD10.4957
49.80		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	49.80
SUBTOTALS This Period This Page (optional).		118.24
2) TOTALS This Period (last page this line number		•
3) TOTAL OUTSTANDING LOANS from Schedule		-
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Excluding Loans

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LaPolice for Kansans		
A. Full Name (Last, First, Middle Initial) of Debtor Becky LaPolice Murphy	r or Creditor	Nature of Debt (Purpose): WF - Short Stop (fuel)
Mailing Address 736 Broadway St.		
City State Clyde	Zip Code KS 66938	
Outstanding Balance Beginning This Period 68.62		Transaction ID : SD10.4958
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 68.62
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
I) SUBTOTALS This Period This Page (optional)		68.62
2) TOTALS This Period (last page this line number	only)	1163.51
3) TOTAL OUTSTANDING LOANS from Schedule 0	C (last page only)	0.00
A) ADD 2) and 3) and carry forward to appropriate	▶ 1163.51	